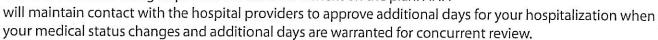
## **Utilization Management**

EBD has contracted with American Health Holding (AHH) to provided utilization management. The utilization management services will include precertification, predetermination, and concurrent review.

Pre-determination is necessary to verify if you are active with the plan and if the services being requested is a covered benefit on the plan. AHH will maintain contact with the bospital providers to approve additional de



Precertification and predetermination will be **necessary** for the list of procedures provided below but is not limited to this list. It will be necessary for your provider to contact AHH at 1-800-592-0358 to obtain authorization of the services being requested. This number is also printed on your insurance card. It is also your responsibility to verify or make certain the procedure has been approved to avoid problems with the payment for the services.

### This precertification or predetermination list is mandatory, but not limited to:

Inpatient admissions
Sub-acute admissions
Inpatient rehabilitation
Skilled nursing facility
Residential treatment
Transplants

Cognitive rehabilitation
Limited out-patient hospital
surgical procedures
Physical therapy, occupational
therapy, speech therapy
Home infusion therapy

TMJ/TMD Home Nursing visits Pain Management

#### **Other Surgeries**

Bunionectomy (great toe alignment)
Cochlear implants (implant for loss of hearing
ESWT (extracorporeal shock-wave therapy)
IDET (intradiscal electrothermal therapy)
Lithotripsy (shock wave for kidney stones)
Septoplasty (nasal septum repair)
Strabismus repair (vision correction for misalignment of one or both eyes)
UPPP (uvulopalatopharyngoplasty removal of tissue in the throat for treatment of sleep apnea)
Varicose vein excision and ligation

#### Radiology Services that require pre-authorization

Computerized Tomography (CT scan)
Magnetic Resonance Imaging (MRI)
Magnetic Resonance Angiography (MRA)
Positron Emission Tomography (PET scan)

# When medically necessary, potentially cosmetic surgeries, including but not limited to:

Blepharoplasty and/or brow lift
Gynecomastia reduction (male breast reduction)
Lipectomy (fatty tissue removal)
Mammoplasty (breast augmentation or reduction)
Panniculectomy (excess layer of abdominal tissue removal following weight loss)
Pectus excavatum repair (repair of concave chest wall)
Radial keratotomy (unless excluded from coverage)
Rhinoplasty (nose repair)
Ventral hernia repair

